



CONTROL NO. _____

If this is an amended plan, please check the } ☐
box at right; enter original Control No. above

JOBS TAX CREDIT FOR HIRING PERSONS WITH DISABILITIES
BUSINESS PLAN

- (1) TAXPAYER _____
- (2) TAXPAYER MAILING ADDRESS _____
- (3) ACCOUNT NUMBER (FEIN) _____
- (4) NEWLY CREATED TENNESSEE JOBS

(a) FISCAL YEAR END	(b) EMPLOYEE NAME	(c) SOCIAL SECURITY NUMBER	(d) STATE EMPLOYMENT INCENTIVE PROGRAM	(e) FULL TIME (YES/NO)	(f) HEALTH INSURANCE PROVIDED (YES/NO)
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(5) TENNESSEE JOB SUMMARY

	FISCAL YEAR END	TOTAL WORKERS WITH DISABILITIES AT START OF FISCAL YEAR	TOTAL WORKERS WITH DISABILITIES AT END OF FISCAL YEAR	NET INCREASE IN QUALIFIED JOBS
FULL TIME	_____	_____	_____	_____
PART TIME	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

(6) THE STATEMENTS MADE ON THIS BUSINESS PLAN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS BUSINESS PLAN MUST BE SIGNED BY THE TAXPAYER.)
SIGN
HERE _____
Taxpayer Signature (Do not print or use stamp.)

Title _____

Date _____

Phone No. _____

FOR DEPARTMENT USE ONLY

**DEPARTMENT OF FINANCE & ADMINISTRATION
INSTRUCTIONS FOR JOBS TAX CREDIT FOR HIRING PERSONS WITH DISABILITIES BUSINESS PLAN**

Line 1 **Indicate the complete name of the taxpayer.**

This is the name of the business (i.e., Jeff's Heating Supply).

Line 2 **Indicate the taxpayer's mailing address.**

This is the mailing address of the business (i.e., 2020 Gunbarrell Road Nashville, TN 37211).

Line 3 **Indicate the taxpayer's Federal Employer Identification Number (FEIN).**

This is a nine-digit number presented in the following format: 00-0000000.

Line 4a **Indicate the fiscal year in which the job was created.**

The fiscal year end is the last day of the fiscal year in which the job was created (i.e., mm/dd/yyyy). This date must be FY 2006 or later in order to qualify for the jobs tax credit.

Line 4b **Indicate the employee's name.**

This is the name of the disabled employee hired by the taxpayer (i.e., Joe Smith).

Line 4c **Indicate the employee's social security number.**

This is a nine-digit number presented in the following format: 000-00-0000.

Line 4d **Indicate the state employment incentive program in which the taxpayer participates.**

This is the state-funded program through which the taxpayer hired the disabled employee.

Line 4e **Indicate YES if this is a full time employee working at least 37.5 hrs per week and employed for at least 12 consecutive months. Indicate NO if this is a part time employee working at least 10.0 hrs per week and employed for at least 12 consecutive months.**

Line 4f **Indicate YES if the employee is enrolled in a health insurance program through your company and NO if the employee is not enrolled in a health insurance program through your company.**

Line 5 **Use these lines to summarize by fiscal year the total number of full and part time persons with disabilities employed by the taxpayer.**

The fiscal year end is the last day of the fiscal year in which the job was created (i.e., mm/dd/yyyy). This date must be FY 2006 or later in order to qualify for the jobs tax credit.

Line 6 **THIS APPLICATION MUST BE SIGNED BY THE TAXPAYER. Do not print or use a signature stamp.**

IMPORTANT INFORMATION

Enacted in 2005 by Public Chapter 490, credits for disabled workers are effective only for tax years ending on or after July 1, 2006. (See Tennessee Code Annotated Section 67-4-2109(g)).

Each question on the business plan must be answered fully.

It is not necessary to make a Required Capital Investment or be a Qualified Business Enterprise as defined in Section 67-4-2109 (c) of the Tennessee Code Annotated to claim a credit for disabled workers.

The actual credit is computed and claimed on Schedule X when the Franchise and Excise tax return is filed.

The amount of the credit is \$2,000 for each qualifying part time job. The credit is \$5,000 for each qualifying full time job when the employee is enrolled in the taxpayer's health insurance plan. The credit is subject to the limits indicated in Section 67-4-2109 (c) (2) (G) of the Tennessee Code Annotated. Any unused credit may be carried forward for up to 15 years.

MAILING ADDRESS

TENNESSEE DEPARTMENT OF FINANCE & ADMINISTRATION
ATTENTION: OFFICE OF AUDIT & CONSULTING SERVICES
WRS TENNESSEE TOWER, 12TH FLOOR
312 ROSA L. PARKS AVENUE
NASHVILLE, TN 37243-1102

NEED ASSISTANCE?

For assistance with this form contact the Department of Finance & Administration, Office of Consulting Services, at (615) 741-4892. For all other tax assistance, call (800) 397-8395 toll free in Tennessee, or if you are located in the Nashville area or out-of-state, call (615) 253-0700.